

# MISSISSIPPI DEPARTMENT OF CORRECTIONS

## AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

You may revoke this authorization at any time by submitting a written request to 301 North Lamar Street, Jackson, MS 39201  
**Attention: Privacy Officer and General Counsel.** You may refuse to sign this authorization and MDOC may not condition enrollment in its health plan or eligibility for benefits on signing this authorization. MDOC will provide you with a copy of this authorization.

### THIS AUTHORIZATION IS VOLUNTARY

#### TO BE COMPLETED BY REQUESTOR OR REQUESTOR'S PERSONAL REPRESENTATIVE

I, \_\_\_\_\_, (requestor), \_\_\_\_\_ (Date of Birth) do hereby authorize MDOC to disclose my protected health information to \_\_\_\_\_ (recipient's name). I understand that this authorization is voluntary. I understand that information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by HIPAA.

#### TO BE COMPLETED BY REQUESTOR AND INITIALED BY REQUESTOR OR REQUESTOR'S PERSONAL REPRESENTATIVE

Description of records to be released:

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#### TO BE COMPLETED BY REQUESTOR AND SIGNED BY REQUESTOR OR REQUESTOR'S PERSONAL REPRESENTATIVE

Release records to (recipient's name, address, and contact information):

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For the purpose(s) of:

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I understand that I may withdraw my authorization in writing to the Privacy Officer of MDOC at any time, except to the extent that action has been taken in reliance on this statement. I understand that even if I do not withdraw authorization that this statement will expire upon \_\_\_\_\_ (date or expiration event). I have carefully read and understand the above and do herein expressly and voluntarily authorize the disclosure of the above information about, or medical records and billing records of, my condition to \_\_\_\_\_ (recipient's name).

Requestor's or Requestor's Personal Representative Signature

Date

#### FORM MUST BE COMPLETED BEFORE SIGNING

Printed name of Requestor's personal representative: \_\_\_\_\_

Description of the personal representative's authority to act for Requestor/relationship to Requestor:

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